

# CREDIT APPLICATION IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

- IF YOU ARE APPLYING FOR INDIVIDUAL CREDIT IN YOUR OWN NAME AND ARE RELYING ON YOUR OWN INCOME OR ASSETS AND NOT THE INCOME OR ASSETS OF ANOTHER PERSON AS THE BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, COMPLETE SECTIONS A AND C.
  - IF YOU ARE MARRIED AND LIVE IN A COMMUNITY PROPERTY STATE, COMPLETE ALL SECTIONS INCLUDING SECTION B PROVIDING INFORMATION ABOUT YOUR SPOUSE.
  - IF THIS IS AN APPLICATION FOR JOINT CREDIT WITH ANOTHER PERSON, COMPLETE ALL SECTIONS PROVIDING INFORMATION IN SECTION B ABOUT THE CO-APPLICANT.
- NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT.

**SECTION A. INFORMATION REGARDING APPLICANT:**

LAST NAME (PRINT)	FIRST NAME	INITIAL	BIRTHDATE	DRIVER'S LIC. NO.	SOCIAL SECURITY NO.	AGES OF DEPENDENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS			CITY	STATE	ZIP	HOME PHONE	HOW LONG? YRS MOS
PREVIOUS ADDRESS (TO COVER 5 YEARS RESIDENCE)			CITY	STATE	ZIP	HOW LONG YRS MOS	LIVED IN COMMUNITY YRS MOS
			CITY	STATE	ZIP	HOW LONG YRS MOS	LIVED IN COMMUNITY YRS MOS
OCCUPATION	PRESENT EMPLOYER	ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG? YRS MOS
PREVIOUS EMPLOYMENT (TO COVER 5 YEARS)			CITY	STATE	ZIP	PHONE	HOW LONG? YRS MOS
			ADDRESS	CITY	STATE	ZIP	PHONE HOW LONG? YRS MOS
NEAREST RELATIVE NOT LIVING WITH APPLICANT		ADDRESS	CITY	STATE	ZIP	PHONE	RELATIONSHIP

INCOME:  
 APPLICANT'S GROSS MONTHLY INCOME FROM EMPLOYMENT ..... \$ \_\_\_\_\_  
 ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.  
 ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER:  COURT ORDER     WRITTEN AGREEMENT     VERBAL UNDERSTANDING    \$ \_\_\_\_\_  
 AMOUNT OF OTHER MONTHLY INCOME AND SOURCE(S) ..... \$ \_\_\_\_\_

**SECTION B. INFORMATION REGARDING SPOUSE, OR CO-APPLICANT (USE SEPARATE SHEETS IF NECESSARY.)      TOTAL MONTHLY INCOME    \$ \_\_\_\_\_**

**SECTION A. INFORMATION REGARDING APPLICANT:**

LAST NAME (PRINT)	FIRST NAME	INITIAL	BIRTHDATE	DRIVER'S LIC. NO.	SOCIAL SECURITY NO.	AGES OF DEPENDENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS			CITY	STATE	ZIP	HOME PHONE	HOW LONG? YRS MOS
PREVIOUS ADDRESS (TO COVER 5 YEARS RESIDENCE)			CITY	STATE	ZIP	HOW LONG YRS MOS	LIVED IN COMMUNITY YRS MOS
			CITY	STATE	ZIP	HOW LONG YRS MOS	LIVED IN COMMUNITY YRS MOS
OCCUPATION	PRESENT EMPLOYER	ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG? YRS MOS
PREVIOUS EMPLOYMENT (TO COVER 5 YEARS)			CITY	STATE	ZIP	PHONE	HOW LONG? YRS MOS
			ADDRESS	CITY	STATE	ZIP	PHONE HOW LONG? YRS MOS
NEAREST RELATIVE NOT LIVING WITH APPLICANT		ADDRESS	CITY	STATE	ZIP	PHONE	RELATIONSHIP

INCOME:  
 JOINT APPLICANT'S GROSS MONTHLY INCOME FROM EMPLOYMENT ..... \$ \_\_\_\_\_

LANDLORD OR MORTGAGE HOLDER		ADDRESS	ACCOUNT NO.	MORTGAGE BALANCE \$	PAYMENT \$	
DATE HOME PURCHASED	AGE OF HOME	PRICE PAID FOR HOME	MARKET VALUE \$	2 <sup>ND</sup> MORTGAGE AMOUNT \$	PAYMENT \$	
TYPE OF CREDIT	CO. NAME OF OBLIGATION	ACCOUNT NO. <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	BALANCE	HIGH	MO. PYMT.
TYPE OF CREDIT	CO. NAME OF OBLIGATION	ACCOUNT NO. <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	BALANCE	HIGH	MO. PYMT.
PRESENT VEHICLE FINANCED /LEASED BY:	ACCOUNT NO.	ADDRESS			MO. PYMT.	
PRESENT VEHICLE FINANCED /LEASED BY:	ACCOUNT NO.	ADDRESS			MO. PYMT.	
BANK REFERENCE:	ACCOUNT NO.	BRANCH / ADDRESS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		MO. PYMT.	
HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY LAWSUITS PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER FILED BANKRUPTCY OR IS A BANKRUPTCY PROCEEDING IN PROGRESS OR EXPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO			MILITARY RESERVE <input type="checkbox"/> YES <input type="checkbox"/> NO	
PERSONAL FRIENDS KNOWN OVER ONE YEAR	ADDRESS	CITY	STATE	ZIP	PHONE	
PERSONAL FRIENDS KNOWN OVER ONE YEAR	ADDRESS	CITY	STATE	ZIP	PHONE	

**PURCHASER HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS CREDIT STATEMENT.      CO-APPLICANT'S SIGNATURE MEANS YOU INTEND TO APPLY FOR JOINT CREDIT**

**X** \_\_\_\_\_      **X** \_\_\_\_\_